AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: MIXC []CLEC []ILEC []Wireless 249729

	249
_	CERTIFICATED COMPANY INFORMATION
<u> I W</u>	vin City Capital LLC
Co	mpany Name FEIN/SSN
<u> </u>	GE4 C40 0575
UDa	a/fka
Mai	iling Address
107	7 W Michigan Ave 4th FI
City	/, State, Zip Code
(al	amazoo MI 49007
	iness Location
142	P. Hayward Ave N, Oakdale MN 55128 Washington
ity,	, State, Zip Code County
	o o o o o o o o o o o o o o o o o o o
	REGISTERED AGENT INFORMATION
egi	istered Agent: B Allston Moore Jr
ha	ing Address: <u>5 Exchange St</u> rleston SC 29401
ty.	State, Zip Code
an	t to the Commission's rules and result it
	t to the Commission's rules and regulations, print or type company contact for the following as
	General Manager (Include Address if different than above) 651-649-3575 / 651-649-3580 / jon@LDAccess.com Telephone Number / Facsimile Number / E-mail Address
	<u>Saran Oistad</u>
	Customer Relations/Complaints Representative (Include Address if different than above)
	Telephone Alumb / 001-049-3300 / attorney@oistadonline.com
	Sarah Oistad
	Customer Relations/Complaints Representative for Fundamental
	Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different than above)
	952-401-0681 /651-649-3580 / attornov@cieta.dou!
	Telephone Number / Facsimile Number / E-mail Address
	877-271-5582
	Customer Contact (Toll Free Number)
	Engineering Operation (I)
	Engineering Operations (Include Address if different than above)
	Telephone Number / Facsimile Number / F-mail Address
	relephone Number / Facsimile Number / E-mail Address
	Test and Repair (Include Address if different than above)
	Telephone Number / Facsimile Number / E-mail Address
	ZERICE OFFICE
	ZERICE OFFICE

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices: James Holmquist Regulatory Officer (Include Address if different than above) G. <u>651</u>-649-3575 /<u>651-649-3580</u> / iim@coremarkinc.com Telephone Number / Facsimile Number / E-mail Address H. **Dual Party Mailings** (Name) (Mailing Address) Telephone Number / Facsimile Number / E-mail Address Interim LEC Fund Mailings (Name) 1. (Mailing Address) Telephone Number / Facsimile Number / E-mail Address Patrick D Crocker Universal Service Fund Mailings (Name) J. 107 W Michigan Ave 4th Fl, Kalamazoo MI 49007 (Mailing Address) 269-381-8888 / 269-381-4855 / contact@nationwiderequlatorycompliance.com Telephone Number / Facsimile Number / E-mail Address Patrick D Crocker Gross Receipts Mailings (Name) K. 107 W Michigan Ave 4th Fl, Kalamazoo MI 49007 (Mailing Address)

(Mailing Address)

269-381-8888 / 269-381-4855 / contact@nationwideregulatorycompliance.com

Telephone Number / Facsimile Number / E-mail Address

L. Lifeline Mailings (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

Patrick D Crocker

This form was completed by

President, Nationwide Regulatory Compliance LLC / 3/22/14

Title

tie Date

RETURN COMPLETED FORM TO: Public Service Commission of SC

Attn: Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211

<u>And</u>

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201